



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Solid Waste Management

BWP SW 07 Modification of a Large Handling Facility
BWP SW 11 Landfills - Major Modification
BWP SW 16 Combustion Facilities
BWP SW 21 Modification of a Small Handling Facility
BWP SW 22 Landfills - Minor Modification
BWP SW 45 Any Facility – Alternative Review

Transmittal Number _____

Facility ID# (if known) _____

Application for Solid Waste Management Facility Modification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Directions:
Specify the plan/report and page numbers in which the following information is located.

A. Project Information (all applicants must complete this section)

1. Which permit category are you applying for?

☐ BWP SW 07 ☐ BWP SW 11 ☐ BWP SW 16 ☐ BWP SW 21 ☐ BWP SW 22 ☐ BWP SW 45

2. Is MEPA review required for this project? ☐ Yes ☐ No

3. Permit Modification (310 CMR 19.039)

a. General Description (310 CMR 19.039(1))

(1) Effect on Current Operation

(2) Effect on Capacity

(3) Effect on Operating Life

b. Effect on Public Health Safety or the Environment (310 CMR 19.039(3))

4. Currently Valid Department Approvals

Plan/Report #

Page #

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B. Project Information

Note:
Complete only sections applicable to requested modification. Enter NA if not applicable.

Important Note:
Engineering Plans must be stamped by a Registered Professional Engineer (PE). Property Line Location must be stamped by a Registered Land Surveyor (RLS).

1. Plan/Report Modifications and/or Revisions

a. Waste Control Plans (310 CMR 19.017)

b. Facility Plan (310 CMR (19.030(3)(c))

(1) Site Plan (310 CMR 19.030(3)(c)1)

(2) Recycling/Composting Plan (310 CMR 19.030(3)(c)2.) MSW and Demolition Landfills and Combustion Facilities

(3) Facility Design Plan (310 CMR 19.030(3)(c) 3.)

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B. Project Information (cont.)	Plan/Report #	Page #	DEP USE ONLY
(4) Operation and Maintenance (310 CMR 19.030(3)(c) 4.)	_____	_____	_____
(5) Closure/Post-Closure Plan (310 CMR 19.030(3)(c) 5.)	_____	_____	_____
(6) Hydrogeological Study (310 CMR 19.104(3))	_____	_____	_____
(7) Class II Recycling Program (310 CMR 19.303) (Engineer's Supervision sign-off not required)	_____	_____	_____

C. Permit Review Documentation and Criteria

Note:
Complete all sections applicable to requested modification. Refer to referenced regulation citation for applicability. Enter NA if not applicable.

	Plan/Report #	Page #	DEP USE ONLY
1. Documentation			
a. Site Assignment Documentation {310 CMR 19.030(3)(e)}	_____	_____	_____
b. MEPA Status {310 CMR 19.030(3)(f)}	_____	_____	_____
c. Wetlands Order of Conditions	_____	_____	_____
d. Waste Disposal Contract (Transfer Station)	_____	_____	_____
e. Financial Assurance Estimate and Mechanism (310 CMR 19.051)	_____	_____	_____
2. Permit Criteria (310 CMR 19.038)			
a. MEPA Compliance	_____	_____	_____
b. Site Assignment Limits	_____	_____	_____
c. Compliance with Facility Specific Regulations	_____	_____	_____
d. Health & Environmental Impact Assessment	_____	_____	_____
e. Compliance with other applicable laws and regulations	_____	_____	_____



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C. Permit Review Documentation and Criteria (cont.)

	Plan/Report #	Page #	DEP USE ONLY
f. Compliance with Waste Control	_____	_____	_____
g. Enforcement Status	_____	_____	_____
h. Bird Hazard	_____	_____	_____
i. Structural Support	_____	_____	_____
j. Wildlife Endangerment	_____	_____	_____
k. Location Restrictions			
1. Combustion Facilities and Handling Facilities			
a. Zone II	_____	_____	_____
b. IWPA	_____	_____	_____
c. Unmonitorable Area	_____	_____	_____
d. Waste Handling Setbacks	_____	_____	_____
2. Landfills			
a. Zone II	_____	_____	_____
b. Public Water Supply	_____	_____	_____
c. IWPA	_____	_____	_____
d. Sole Source Aquifer	_____	_____	_____
e. Unmonitorable Area	_____	_____	_____
f. Gas Control	_____	_____	_____
g. Leachate Containment Structures	_____	_____	_____
h. Waste Deposition Setbacks	_____	_____	_____



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C. Permit Review Documentation and Criteria (cont.)

	Plan/Report #	Page #	DEP USE ONLY
i. Seismic Impact Zone	_____	_____	_____
j. Unstable Area	_____	_____	_____

D. Certification & Engineer's Supervision: 310 CMR 19.011

Engineer's Supervision:

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

Print Name _____

Authorized Signature _____

Position/Title _____

Company _____

P.E. # _____

Date _____

Certification:

Any person, required by these regulations or any order issued by the Department, to submit papers shall identify themselves by name, profession, and relationship to the applicant and legal interest in the facility, and make the following certification: "I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment."

Print Name _____

Authorized Signature _____

Position/Title _____

Date _____